

## Complete Summary

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### TITLE

Health plan members' experiences: percentage of parents of health plan members who reported their experiences with family centered care regarding their children with chronic conditions.

### SOURCE(S)

CAHPS® Health Plan Survey and Reporting Kit 2002. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2002.

Welcome to the CAHPS Survey Users Network (CAHPS-SUN). [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [cited 2004 Apr 15]. [3 p].

### Brief Abstract

### DESCRIPTION

This measure assesses the percentage of respondents who reported their experiences of family centered care for their children with chronic conditions. The "Family Center Care" composite measure is based on three composite measures ("Parents' experiences with the child's personal doctor or nurse," "Parents' experiences with shared decisionmaking," and "Parents' experiences with getting needed information about their child's care").

For children, the term "chronic conditions" refers to a wide range of physical, developmental, behavioral, and emotional health problems where the need for care is ongoing, and the services are of a type or at a level exceeding what children normally require.

### RATIONALE

The Agency for Healthcare Research and Quality (AHRQ) (then called the Agency for Health Care Policy and Research, or AHCPR) initiated the CAHPS program in October 1995 to develop standardized survey tools for obtaining and reporting information on consumers' experiences with health care. The CAHPS consortium began by developing the CAHPS Health Plan Survey, an integrated set of carefully tested and standardized questionnaires and report formats that can be used to produce meaningful, reliable, and comparable information about the experiences of consumers enrolled in health plans.

The CAHPS Health Plan Survey is designed to generate information that consumers can use to choose health plans, that purchasers can use to assess the

value of services they buy, and that health plans can use to assess their performance and improve their products and services. As AHRQ had intended, the survey can be used with all types of health insurance consumers--including Medicaid recipients, Medicare beneficiaries, and those who are commercially insured--and across the full range of health care delivery systems, from fee-for-service to managed care plans. The instruments also capture information about special groups, including individuals with chronic conditions and disabilities and families with children.

The National Committee for Quality Assurance (NCQA) requires health plans to submit measures from the CAHPS Health Plan Survey as part of their HEDIS submission and for accreditation purposes.

Nationwide, the prevalence of children with chronic conditions is fairly low, with estimates ranging from 15-18 percent of all children under 18. However, some sponsors of CAHPS may serve a relatively higher proportion of children with chronic conditions than is found in the general population.

While their numbers may be small, financial impact, evidence of poor quality, equity, and the need for relevant information point to the need to measure and report on quality of care for children with chronic conditions.

#### PRIMARY CLINICAL COMPONENT

Health care; members' experiences; chronic conditions; family centered care (personal doctor or nurse, shared decisionmaking, getting needed information)

#### DENOMINATOR DESCRIPTION

Health plan members 17 years and younger, who have been enrolled in the health plan for 12 months or longer (commercial) or 6 months or longer (Medicaid), with no more than one break in enrollment of up to 45 days during the enrollment period, who have special health care needs (as determined by specific screening criteria included in the questionnaire), and whose parent answered the, "Family Centered Care," questions on the CAHPS 3.0 Health Plan Survey (Child Questionnaire)

#### NUMERATOR DESCRIPTION

The number of health plan members from the denominator whose parent reported their experiences with family centered care for their children with chronic conditions (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Patient Experience

## SECONDARY MEASURE DOMAIN

Access

## EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences  
One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Evidence Supporting Need for the Measure

## NEED FOR THE MEASURE

Overall poor quality for the performance measured

## EVIDENCE SUPPORTING NEED FOR THE MEASURE

Bethell C, Lansky D, Hendryx M. The Robert Wood Johnson Foundation: national strategic indicators survey - summary report. Portland (OR): FACCT - The Foundation for Accountability; 2000 Sep 1. 82 p.

Bethell C. Measuring patient centered care across consumer relevant domains of quality: a report prepared for the Institute of Medicine Committee on the National Quality Report on Health Care. 2000 Jul 1.

### State of Use of the Measure

## STATE OF USE

Current routine use

## CURRENT USE

Accreditation  
Decision-making by businesses about health-plan purchasing  
Decision-making by consumers about health plan/provider choice  
External oversight/Department of Defense/TRICARE  
External oversight/Medicaid  
External oversight/State government program  
Internal quality improvement  
National health care quality reporting  
Quality of care research

### Application of Measure in its Current Use

## CARE SETTING

Managed Care Plans

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Nurses  
Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

#### TARGET POPULATION AGE

Age less than or equal to 17 years

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Nationwide, the prevalence of children with chronic conditions is fairly low, with estimates ranging from 15 to 18 percent of all children under 18.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

CAHPS® Health Plan Survey and Reporting Kit 2002. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2002.

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Children with special health care needs

#### EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

CAHPS® Health Plan Survey and Reporting Kit 2002. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2002.

#### BURDEN OF ILLNESS

Unspecified

#### UTILIZATION

Unspecified

## COSTS

Children with chronic conditions consume a preponderance of the health care dollars spent on children, with estimates ranging from 80 to 90 percent.

## EVIDENCE FOR COSTS

CAHPS® Health Plan Survey and Reporting Kit 2002. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2002.

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

End of Life Care  
Getting Better  
Living with Illness  
Staying Healthy

### IOM DOMAIN

Patient-centeredness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Health plan members 17 years or younger, who have been enrolled in the health plan for 12 months or longer (commercial) or 6 months or longer (Medicaid), with no more than one break in enrollment of up to 45 days during the enrollment period

### DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

### DENOMINATOR (INDEX) EVENT

Patient Characteristic

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Health plan members 17 years and younger, who have been enrolled in the health plan for 12 months or longer (commercial) or 6 months or longer (Medicaid), with no more than one break in enrollment of up to 45 days during the enrollment period, who have special health care needs (as determined by specific screening criteria included in the questionnaire), and whose parent answered the, "Family Centered Care," questions on the CAHPS 3.0 Health Plan Survey (Child Questionnaire). Include refusals, non-response, and bad addresses/phone numbers.

#### Exclusions

- Individuals with coverage other than primary health coverage, such as dental-only plan
- Deceased
- Ineligible (not enrolled in the plan)

### NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

The number of health plan members from the denominator whose parent reported their experiences with family centered care\* for their children with chronic conditions

Includes all completed questionnaires; a questionnaire is considered complete if responses are available for 10 or more of a selected list of key CAHPS Health Plan Survey items.

\*Family Centered Care:

- Parents' experiences with their children's personal doctor or nurse (2 questions)
- Parents' experiences with shared decisionmaking (4 questions)
- Parents' experiences with getting needed information about child's care (3 questions)

#### Exclusions

Unspecified

### DENOMINATOR TIME WINDOW

Time window precedes index event

### NUMERATOR TIME WINDOW

Fixed time period

### DATA SOURCE

Administrative data and patient survey

## LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

## PRE-EXISTING INSTRUMENT USED

Children with Special Health Care Needs Screener, developed by the Child and Adolescent Health Measurement Initiative (CAHMI).

## Computation of the Measure

### SCORING

Non-weighted Score/Composite/Scale

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)  
Case-mix adjustment

### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

CAHPS recommends adjusting the data for respondent age, education, and general health status.

If the sample size is sufficient, responses may be analyzed for specific sub-populations, such as respondents with chronic conditions.

### STANDARD OF COMPARISON

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

The CAHPS Health Plan Survey has probably been tested more completely than any previously used consumer survey.

There are two different and complementary approaches to assessing the reliability and validity of a questionnaire (1) cognitive testing, which bases its assessments on feedback from interviews with people who are asked to react to the survey questions, and (2) psychometric testing, which bases its assessments on the

analysis of data collected by using the questionnaire. Although many existing consumer questionnaires about health care have been tested primarily or exclusively using a psychometric approach, the CAHPS team views the combination of cognitive and psychometric approaches as essential to producing the best possible survey instruments. Consequently, both methods have been included in the development of the CAHPS survey.

The cognitive testing method provided useful information on respondents' perceptions of the response task, how respondents recalled and reported events, and how they interpreted specified reference periods. It also helped identify words that could be used to describe health care providers accurately and consistently across a range of consumers (e.g., commercially insured, Medicaid, fee-for-service, managed care, lower socioeconomic status [SES], middle SES, low literacy, higher literacy) and helped explore whether key words and concepts included in the core questions worked equally well in both English and Spanish.

The CAHPS consortium also tested each CAHPS reporting composite in focus groups with plan members. Cognitive interviews with consumers were conducted to ensure that the reporting composites and their labels were easily understood. Psychometric analyses using data collected during pilot tests were also conducted. These analyses indicated that both the composites and the items in each composite were reliable and valid measures of members' experiences. In addition, items in each reporting composite were tested and found to be internally consistent. For example, reliability coefficients (Cronbach's alpha) in one pilot test involving four health plans using the instrument that most resembled the final CAHPS 2.0 instrument ranged from a low of 0.68 for the "Getting Needed Care" composite to a high of 0.90 for the "How Well Doctors Communicate" composite. These composites are positively associated with members' ratings of overall care provided by doctors and nurses and ratings of health plans.

In addition, the CAHPS development team, together with researchers from the National Committee on Quality Assurance (NCQA), conducted a detailed comparative analysis of the items in the CAHPS questionnaire and NCQA's Member Satisfaction Survey (MSS) from the fall of 1997 to the spring of 1998. These questionnaires were merged to form the current CAHPS questionnaire. This testing is noteworthy because it was so extensive and because of the wide array of techniques used. These included focus groups, in-depth cognitive testing, pilot studies, methodological experiments, and large demonstration studies, such as the demonstrations in Washington State, Kansas, and New Jersey.

## EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Welcome to the CAHPS Survey Users Network (CAHPS-SUN). [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [cited 2004 Apr 15]. [3 p].

### Identifying Information

#### ORIGINAL TITLE

Family centered care.

## MEASURE COLLECTION

[CAHPS Health Plan Survey](#)

## MEASURE SET NAME

[CAHPS 3.0 Health Plan Survey, Child Questionnaire](#)

## SUBMITTER

Agency for Healthcare Research and Quality

## DEVELOPER

Agency for Healthcare Research and Quality  
CAHPS Consortium  
Centers for Medicare and Medicaid Services

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

1997 Mar

## REVISION DATE

2002 Oct

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

CAHPS® Health Plan Survey and Reporting Kit 2002. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2002.

Welcome to the CAHPS Survey Users Network (CAHPS-SUN). [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [cited 2004 Apr 15]. [3 p].

## MEASURE AVAILABILITY

The individual measure, "Family Centered Care," is published in the "CAHPS Health Plan Survey and Reporting Kit 2002." This Kit may be downloaded at the [CAHPS-SUN](#) Web site.

## COMPANION DOCUMENTS

The following are available:

- Welcome to the CAHPS Survey Users Network (SUN). [Web site]. Available at [www.cahps-sun.org](http://www.cahps-sun.org).
- National CAHPS Benchmarking Database (NCBD). [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [cited 2003 Aug 21]. Available at <http://ncbd.cahps.org/> or from the [CAHPS-SUN](http://www.cahps-sun.org) Web site.
- What consumers say about the quality of their health plans and medical care. National CAHPS Benchmarking Database 2003 chartbook. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Sep 1. 25 p. Available in Portable Document Format (PDF) from the [NCBD](http://www.ncbd.org) Web site.
- Compare your health plan choices. Health plan quality from the consumer's point of view [adult guide]. Rockville (MD): CAHPS, Agency for Health Care Research and Quality; 17 p. Available from the [CAHPS-SUN](http://www.cahps-sun.org) Web site.
- Compare your health plan choices. Health plan quality from the consumer's point of view [adult & child guide]. Rockville (MD): CAHPS, Agency for Healthcare Research and Quality; 25 p. Available from the [CAHPS-SUN](http://www.cahps-sun.org) Web site.

#### NQMC STATUS

This NQMC summary was completed by ECRI on March 15, 2004. The information was verified by the measure developer on April 9, 2004.

#### COPYRIGHT STATEMENT

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